

Amendment No. 2 to SB0339

**Cooper J
Signature of Sponsor**

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 339*

House Bill No. 491

by adding the following language as a new section immediately preceding the effective date section:

SECTION _____. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding the following language as a new, appropriately designated section:

(a) Enrollees under a plan or contract of a managed health insurance issuer that provides reimbursement for eye care and/or vision care services shall be permitted at least one (1) annual visit to obtain such covered services and necessary follow-up care related to the treatment, plus emergency visits as defined by the contract, from any optometrist or ophthalmologist included in the managed health insurance issuer's network without obtaining a referral from a primary care provider, and the enrollee shall be permitted to obtain from the provider selected by the enrollee the full range of covered eye care and/or vision care services within the scope of that provider's license.

(b) A provider who provides eye care and/or vision care to an enrollee shall have an affirmative obligation to communicate to an enrollee's primary care physician, if any, all significant information which is relevant to that enrollee's overall state of health.

(c) Nothing in this subsection shall be construed as exempting the above treatment from the normal utilization review or quality control processes of the plan or contract.